

SCHUYLKILL Co.

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 17-01000
DEFENDANT East Norwegian Township Fire Company		TYPE OF PROCESS HANDBILL
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN East Norwegian Township Fire Company	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 16 Sunshine Street Pottsville, PA 17901	
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285
KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Addresses, All Telephone Numbers and Estimated Times Available for Service)

FILED
HARRISBURG, PA

Please post premises by 1/6/2018.

DEC 21 2017

Signature of Attorney other Originator requesting service behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 11/21/17
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 11/21/17
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) N/A				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only; different than shown above)				Date 12/20/17	Time 14:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy M. Little USMS	
Service Fee \$65.00	Total Mileage Charges including odometer 54 x 110 = 59.4	Forwarding Fee 0	Total Charges \$65.00 + 59.40 = \$124.40	Advance Deposits 0	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00 \$124.40

REMARKS:

Posted Property**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12-80